



PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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20995 7590 11/04/2002

Knobbe Martens Olson & Bear LLP
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IRVINE, CA 92614

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MARK R. BENEDICT

(Depositor's name)

Mark R. Benedict
1/14/03

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,698	01/18/2002	Richard Alan Smith	AVANIR.079RX	1372

TITLE OF INVENTION: DEXTROMETHORPHAN AND AN OXIDASE INHIBITOR FOR TREATING INTRACTABLE CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$300	\$940	02/04/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPIVACK, PHYLLIS G	1614	514-289000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KNOBBE, MARTENS, OLSON
2. & BEAR, LLP
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CENTER FOR NEUROLOGIC STUDY,

La Jolla, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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(Authorized Signature)

Mark R. Benedict
Mark R. Benedict Reg No.

(Date)

1/14/03

44,531

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01/21/2003 MKHAMM2 00000099 111410 10052698

01 FC:2501

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